

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------|
| CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Application Number | 09/440,213 |
| | Filing Date | November 15, 1999 |
| | First Named Inventor | A.W. I-SHIN |
| | Art Unit | 2624 |
| | Examiner Name | Sanjiv Shah |
| | Attorney Docket Number | STL919990044US1 |

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number: **24852**

OR

| | | | | | |
|--------------------------------------------------|--|-------|--|-----|--|
| <input type="checkbox"/> Firm or Individual Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | Zip | |
| Country | | | | | |
| Telephone | | Fax | | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124)

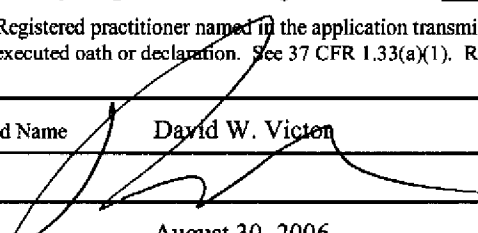
I am the:

☐ Applicant/Inventor

☐ Assignee of Record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ Attorney or Agent of Record. Registration Number Registration No. 39,867.

☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____.

| | | | | | |
|-----------------------|-------------------------------------------------------------------------------------|--|-----------|----------------|--|
| Typed or Printed Name | David W. Victor | | | | |
| Signature |  | | | | |
| Date | August 30, 2006 | | Telephone | (310) 553-7977 | |

Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

☒ *Total of 1 form is submitted.